



6 North 1 Street West  
P.O. Box 520  
Magrath, Alberta  
T0K 1J0  
Ph: 403-758-3212 Fax: 403-758-6333

## NON-RESIDENT BUSINESS LICENSE APPLICATION FORM

### Principal Owner / Licensee Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

### Business Registration Type:

If Sole Proprietor:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Operating /Trade Name: \_\_\_\_\_

If Partnership (Please list all partner's names)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Operating /Trade Name: \_\_\_\_\_

If corporation or Limited Liability Company:

Legal Entity: \_\_\_\_\_

Business Operating /Trade Name: \_\_\_\_\_

### Operations:

Describe your business activity:

---

---

---

---

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_